U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Person
	(AUG 10 2005)
E	Ex DRON

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	2. Fiscal Year Covered From:
	01/01/04 Through: 12/31/04
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Richard Johnston	Name Minnesota finishing Trades Trusi
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3205 COUNTRY Or #150	Street 3205 Country Dr \$150
city Little Canada	city Little Canada
State M1/ ZIP Code +4 55'//7	State // // ZIP Code + 4 6 5 11 7
5. Position in labor organization. Apprenticeship Co	ordinator - Penison Committee

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name	0		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4			

Signature

15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second complete).	ing documents), has been exami	ned by the signatory and is, to the best of the
Signed Relan Johnston	On <u>07-25-05</u>	657-379-9602 Telephone Number

Name of Person Filing Kichard John Ston	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise		
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bidg., Room No., if any	b. Trust		
Street	c. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	\bigcirc		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
	11.b. Approximate dollar faibe of such dealing.		
City	12.a. Nature of interest held or income received.		
City State ZIP Code + 4	12.a. Nature of interest held or income received.		
·	12.a. Nature of interest held or income received.		
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State ZIP Code + 4 C. Received from any employer (other than an employer covered under	12.b. Amount. er parts A and B above)		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	12.b. Amount. er parts A and B above) or other thing of value.		
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